

Demolition Permit Application

Town of Carlisle
Building Department
66 Westford St
Carlisle, MA 01741
978-369-6689 Fax 978-318-0098

Office Hours: Tues-Wed-Thurs 9 am – 1pm

Notice to the Applicant

It is the responsibility of the Applicant to complete and submit this application to the Carlisle Building commissioner <u>before</u> demolition begins. The permit for demolition must be issued <u>before</u> demolition commences. All utility companies having service connections and/or equipment relating to the structure(s) must issue a release stating that their respective service connections have been securely sealed and their equipment has been removed from the demolition site.

1	Location of Demo	lition			
	Street Number and Stre	eet Name:			
	Owner Name:		Owner Telephone:		
	Address:				
	Contractor Name:		Contractor Telephone:		
2	Dig Safe Number :	1_888_344_7233.			
	Dig Saile Hamber	1 000 344 7233.			
3	Utility and Depart	ment Releases			
		s supplier) 1-800-732-3400			
	Signature:	Name & Title Printed:		Date:	
	NStar Electric 1-888-	533-3797			
	Signature:	Name & Title Printed:		Date:	
	Carlisle Board of Health 1-978-369-0283				
	Signature:	Name & Title Printed:		Date:	
	Carlisle Fire Department 1-978-369-2242				
	Signature:	Name & Title Printed:		Date:	
	Carlisle Police Depar	tment 1-978-369-1155			
	Signature:	Name & Title Printed:		Date:	
4	4 Signature of Applicant certifies that you have read, understood and completed this application and that the				
4	statements made herein are accurate and true to the best of your knowledge.				
	Signature:	Name & Title Printed:		Date:	
5	Building Commissioner				
	Signature:	Date:	Permit Number:	Fee: \$250.	